U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## AMENDED ADDITION

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E miss			
1 File Number U 25685	2 Fiscal Year Covered From		
	7/2/05 Through 2/51/05		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name JOHN C MCCURDY	Name DISTRICT NO! MEBA PCD AFE-CIO		
•	Labor Organization File Number 265-581		
PO Box Bldg Room No If any	PO Box Building and Room Number if any Suite Box		
Street 811 CARONDELET ST.	Street 444 North CAPITOL ST NW		
City NEW ONLEANS	City WASHINGTON DC		
State	State ZIP Code + 4 2001		
5 Position in labor organization 18 2 1 4 2 10 15 10 16 1/F CO 95T VICE PRESIDENT			
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any	derived income or other economic benefit of on represents or is actively seeking to represent  7 a Nature of Interest Transaction or Income  7 b Amount		
Street	Annual to the state of the stat		
City	,		
State ZIP Code + 4			
Signature			
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions) ————————————————————————————————————			
64	Date Telephone Number		

Name of Person Filing Form / 16 Canpy	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from is fling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)  Name Wall Investors  Trade Name if any  PO Box Bidg Room No if any  Street 440 Wheeles Fanys Ro  City Missor 21P Corle + 4 O646/	9 Business deals with  a Labor Organization  b Trust  c Employer		
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bldg Room No if any	11 a Nature of such dealing  OWNER EVENTS		
Street  City  State  ZIP Cod + 4	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received	410.00	
	12 b Amount SEE //(A) //(B) /2	(A)	
C Received from any employer (other than an employer covered under parts A and B above) of from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relation Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code 4	14 a Nature of payment		
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		